## **PERSONNEL BOARD**

Fulton County Government Center 141 Pryor Street, S.W. | Suite 3030| Atlanta GA 30303 Phone 404.613.6700| Fax 404.612.2500

> W. Jackson Winter, Jr., Chair Ouida Collins, Vice Chair Janine M. Brown Douglas Gray Jack Hausmann Derrick A. Wilson Sunil C. Savili



# DEPARTMENT OF HUMAN RESOURCES MANAGEMENT

Kenneth L. Hermon, Jr., PHR, SHRM-SCP, IPMA-CP Chief Human Resources Officer



### **Dear New Employee:**

You are enrolled in an upcoming New Employee Orientation. Please <u>print</u> each applicable document and follow the instructions for submission. Upon your visit to the Department of Human Resources Management, **Suite 3030**, please submit your Pre-Employment Documents to **Janelle Green**. If you have any questions, please contact Ms. Green, <u>janelle.green@fultoncountyga.gov</u> or **404 613 0866**. Each new employee is responsible to ensure all applicable documents are notarized prior to submission. When you attend New Employee Orientation, please utilize the **Pryor Street Entrance**. If you arrive for Orientation prior to **8:30am**, let security know you are a new employee. For your convenience, free parking and van shuttle service is located at **593 Central Avenue**, **S.W.**, **Atlanta**, **30312**. Please refer to the New Employee Document Link/Free Van Shuttle Service for more details. Please bring a jacket, snacks, and water for your convenience.

## **Pre-Employment Documents Link:**

## (Submitted on/by the Friday prior to your New Employee Orientation no later than 3p.m.)

- \*1. List of Acceptable Identification (Reference)
- \*2. Employment Verification Form (I9)
  - (Print, required, and <u>STOP</u> after you sign and date in section 1)
- \*3. Official Oath (*Print*, required, must be notarized)
- \*4. Security Questionnaire (*Print*, required, and must be notarized)

#### **Benefits:**

Questions completing the Medical, Dental, Vision, or Life Insurance document, contact the following individuals:
Christa Bowman 404-612-7635/christa.bowman@fultoncountyga.gov
Antonio Rainey 404-612-7615/antonio.rainey@fultoncountyga.gov
Nicole McNeil 404-612-7676/nicole.mcneil@fultoncountyga.gov
Rita Lester 404-612-7719/rita.lester@fultoncountyga.gov

Provide one (1) copy of each (\*5,\*6, and \*7) of the following applicable documents if your spouse and/or dependent children (up to age twenty-six) obtain Medical, Dental, or Vision Insurance:

- \*5. Marriage License/Certificate
- \*6. Birth Certificate(s) for all enrolled dependents
- \*7. Social Security Number(s) for all enrolled dependents
- \*8. Member Application for Group Coverage/Active Employees
- \*9. Benefits Eligibility Affidavit (Print and return if you obtain the County's Medical Insurance)
- \*10. Life Insurance Form (*Print*, *complete*, *and return*)

#### **Payroll Documents:**

- \*11. Direct Deposit or Cash Pre-Paid Form (*Print*, *complete*, *and return*)
- \*12. Federal W-4 (*Print*, complete, and return)
- \*13. State G-4 (*Print*, *complete*, *and return*)
- \*14. Marta Breeze Card/or GRTA Express Form (If applicable, print, complete, and return)

#### **Customer Service:**

\*15. New Employee Telephone Listing (*Print*, *complete*, *and return*)